

Pre-Edit

# \*RETURN TO FMF - LOCATION 7540

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>09939226</u>	Prepared by <u>C.B.</u>	Tracking Number _____ Week Date _____	
Examiner-GAU <u>Senaraseyon/647</u>	Date <u>5-25-04</u>		
	No. of queries <u>2 CA</u>		

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
<input checked="" type="checkbox"/> c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	<input checked="" type="checkbox"/> Other <u>Issue Class</u>

SPECIFICATION	MESSAGE
a. Page Missing	<p><u>(1) CONT DATA: Please provide continuing relationships for Serial Numbers provided in text amendment dated 3-4-04.</u></p> <p><u>(2) Issue Class: The bottom of the issue classification form has been cut off. Please provide a complete index of claims.</u></p>
b. Text Continuity	
c. Holes through Data	
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
<p style="text-align: right;">Thank you</p> <p style="text-align: right;">initials <u>C.B.</u></p>	
CLAIMS	RESPONSE
a. Claim(s) Missing	
b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	
	initials